



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason:

Trichinosis

County _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA
☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): ____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**
☐ ☐ ☐ ☐ **Swollen eyelids**
☐ ☐ ☐ ☐ Eyes sensitive to light (photophobia)
☐ ☐ ☐ ☐ Sweating
☐ ☐ ☐ ☐ Chills
☐ ☐ ☐ ☐ Thirst
☐ ☐ ☐ ☐ Prostration
☐ ☐ ☐ ☐ Malaise
☐ ☐ ☐ ☐ Weakness/fatigue
☐ ☐ ☐ ☐ Abdominal cramps or pain
☐ ☐ ☐ ☐ Vomiting
☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: ____

Clinical Findings

Y N DK NA
☐ ☐ ☐ ☐ **Periorbital edema**
☐ ☐ ☐ ☐ Ocular hemorrhages (subconjunctival, subungual, retinal)
☐ ☐ ☐ ☐ Photophobia
☐ ☐ ☐ ☐ Remittent fever
☐ ☐ ☐ ☐ Cardiac complications
☐ ☐ ☐ ☐ Neurological complications

Hospitalization

Y N DK NA
☐ ☐ ☐ ☐ Hospitalized for this illness
Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____
Y N DK NA
☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

Collection date ____/____/____

P N I O NT
☐ ☐ ☐ ☐ ☐ Eosinophilia
☐ ☐ ☐ ☐ ☐ **Uncalcified cysts of *T. spiralis* larvae (muscle biopsy)**
☐ ☐ ☐ ☐ ☐ ***T. spiralis* antibodies elevated**
☐ ☐ ☐ ☐ ☐ *T. spiralis* larvae in suspect foods

NOTES

INFECTION TIMELINE

Enter onset date (first
sx) in heavy box.
Count backward to
calculate probable
exposure period

Days from
onset:

Exposure period

-45 -5

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Pork
☐ Wild boar, any cut ☐ Sausage ☐ Chops
☐ Roast ☐ Ham ☐ Bacon
☐ Other pork: _____ ☐ Unk
Date consumed: ____/____/____
Rare, undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA
Where obtained: ☐ Grocery ☐ Butcher shop
☐ Restaurant ☐ Farm ☐ Hunted/trapped
☐ Other: _____ ☐ Unk
Preparation after purchase:
☐ No further processing ☐ Ground ☐ Smoked
☐ Dried jerky ☐ Marinated ☐ Cooked
☐ Other: _____ ☐ Unk
Method of cooking: ☐ Uncooked
☐ Fried ☐ Open-Fire Roasting
☐ Other cooking: _____ ☐ Unk

Y N DK NA

- ☐ ☐ ☐ ☐ Other meat
☐ Hamburger ☐ Horse meat ☐ Bear meat
☐ Arctic mammal Type: _____
☐ Other wild game: _____ ☐ Unk
Date consumed: ____/____/____
Rare, undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA
Where obtained: ☐ Grocery ☐ Butcher shop
☐ Restaurant ☐ Farm ☐ Hunted/trapped
☐ Other: _____ ☐ Unk
Preparation after purchase:
☐ No further processing ☐ Ground ☐ Smoked
☐ Dried jerky ☐ Marinated ☐ Cooked
☐ Other: _____ ☐ Unk
Method of cooking: ☐ Uncooked
☐ Fried ☐ Open-Fire Roasting
☐ Other cooking: _____ ☐ Unk
- ☐ ☐ ☐ ☐ Handled raw meat
- ☐ ☐ ☐ ☐ Occupational exposure
- ☐ ☐ ☐ ☐ Hunter

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Education provided
- ☐ Restaurant inspection
- ☐ Initiate traceback investigation
- ☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____ Record complete date ____/____/____